Harnett COUNTY NORTH CAROLINA

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

COMMERCIAL BUILDING APPLICATION

Site Address: 25 Buttonwood Ct Fuquay-Varina, NC 27526 **PIN:** 080644 011218

Owner: Achievment Charter Academy **Phone:** (919) 552-5446 **Email:** leaja@achievementcharteracademy.org

Description of Proposed Work: modular classroom building installation **Total Job Cost:** $ 400,000

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Impact Builders Inc — General Contractor's Company Name
(919) 747-3723 — Phone
PO Box 12151 Raleigh, NC 27605 — Address
andrew@legacyimpactcapital.org — Email
L.50752 — License #
Signature of Owner/Contractor/Officer of Corp.
$ [redacted] 350,000 — **Building Cost** (excluding trades)

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Install power panel, and connect units to trans Service Size: _____ Amps T-Poles: YES ☐ NO ☒

Red Line Electric LLC — Electrical Contractor's Company Name
(984) 422-2314 — Phone
946 Forehand Rd Likeville, NC 27863 — Address
redlineelectricnc@gmail.com — Email
35525 — License #
Signature of Owner/Contractor/Officer of Corp.
$ 10,000 — **Electrical Cost**

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: N/A # of Units: _____

Mechanical Contractor's Company Name — Phone
Address — Email
License # — Signature of Owner/Contractor/Officer of Corp.
$ _____ — **Mechanical Cost**

PLUMBING CONTRACTOR INFORMATION

Description of Work: Connect modular to septic system # of Baths: 4

[redacted] — Plumbing Contractor's Company Name
Phone
[redacted] — Address
[redacted] — Email
License # — Signature of Owner/Contractor/Officer of Corp.
$ [redacted] — **Plumbing Cost**

APPLICATION CONTINUES ON BACK

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Lillington, NC 27546

COMMERCIAL BUILDING APPLICATION

Site Address: _____ **PIN**: _____

Owner: _____ **Phone**: _____ **Email**: _____

Description of Proposed Work: _____ **Total Job Cost**: $_____

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

_____ _____
General Contractor's Company Name Phone

_____ _____
Address Email

_____ _____ $_____
License # Signature of Owner/Contractor/Officer of Corp. **Building Cost** (excluding trades)

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: _____ Service Size: _____ Amps T-Poles: YES ☐ NO ☐

_____ _____
Electrical Contractor's Company Name Phone

_____ _____
Address Email

_____ _____ $_____
License # Signature of Owner/Contractor/Officer of Corp. **Electrical Cost**

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____ # of Units: _____

_____ _____
Mechanical Contractor's Company Name Phone

_____ _____
Address Email

_____ _____ $_____
License # Signature of Owner/Contractor/Officer of Corp. **Mechanical Cost**

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Baths: 4

ROC Plumbing LLC 910-514-2676
Plumbing Contractor's Company Name Phone

101 Holmes St Dunn, NC 28334 rocplumbingllc@gmail.com
Address Email

37101 Ramon Cartagena Castro Signed by: Ramon Cartagena 8677A0074932422... $ 7,000
License # Signature of Owner/Contractor/Officer of Corp. **Plumbing Cost**

APPLICATION CONTINUES ON BACK

Harnett COUNTY NORTH CAROLINA

REFRIGERATION CONTRACTOR INFORMATION

N/A
Refrigeration Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

SPRINKER CONTRACTOR INFORMATION

N/A
Sprinkler Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

FIRE ALARM CONTRACTOR INFORMATION

Jackson Electric, Security & Telecom, LLC
Fire Alarm Contractor's Company Name

(919) 738-9157
Phone

105 W April Ln Goldsboro, NC 27530
Address

chris@cjalarm.com
Email

License #

Signature of Owner/Contractor/Officer of Corp.

Driveway Access - NC Department of Transportation Driveway Access/Permit? YES ☒ NO ☐

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is $150.00. After 2 years re-issue fee is as per current fee schedule.

John Howard Sowell - Impact Buildings 8/25/24

Signature of Owner/Contractor/Officer of Corp. Date

APPLICATION CONTINUES ON BACK

Harnett COUNTY NORTH CAROLINA

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

__X__ General Contractor _____ Owner _____ Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

_____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

_____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

__X__ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

_____ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

_____ _____

Signature of Owner/Contractor/Officer of Corporation Date